Form 8879-E0

Department of the Treasury Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning , 2011, and ending , 20

> ▶ Do not send to the IRS. Keep for your records. See instructions on back.

Name of exempt organization

Employer identification number 34-1935499

Hudson Community Foundation Name and title of officer

Gail B. Tobin, Treasurer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ► 🗹 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .		1b	3,875,571
2a	Form 990-EZ check here ► □ b Total revenue, if any (Form 990-EZ, line 9)		2b	
За	Form 1120-POL check here Figure b Total tax (Form 1120-POL, line 22)		3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		4b	
5a	Form 8868 check here B Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)		5b	

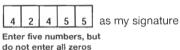
Declaration and Signature Authorization of Officer Part II

Under penalties of perjury. I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

🗹 I authorize	Warfield & Company CPAs, Ltd
	EBO firm name

to enter my PIN



on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my FIN on the return's disclosure consent screen. 1 1

Officer's signature Dave B Talen	Date > 9 20 12
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on th	e 2011 electronically filed return for the organization

indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

Date <

ERO Must Retain This Form—See Instructions	
Do Not Submit This Form To the IRS Unless Requested To Do So	
	0000

For Paperwork Reduction Act Notice, see back of form.

Cat. No. 37189W

Form 8879-EO (2011)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Þ

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Form

 The organization may have to u 	se a copy of this return t	to satisfy state r	reporting requireme
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Inte	rnal Revenu	le Service	The organization may have to use a copy of this return to satisfy state reporting require	ements.	Inspection	
<u>A</u>	For the	2011 calen	dar year, or tax year beginning, and ending			
В	Check if app	plicable: C Ne	ame of organization	D Empl	loyer identification number	_
	Address cha	ange	HUDSON COMMUNITY FOUNDATION			
	Name chang	Do Do	Ding Business As	34	-1935499	
		ν Νι	umber and street (or P.O. box if mail is not delivered to street address) Room/suite		phone number	—
	Initial return	4	9 E. MAIN STREET	33	0-655-3580	
	Terminated	Ci			—	
	Amended re	eturn H	UDSON OH 44236	G Gross re	aceipts \$ 4,256,42	26
	Application	F Ne	ame and address of principal officer:	0 0106810		
	прикации	penanê	H(a) Is Unis a gro	up return fo	or affliates? Yes X I	No
			H(b) Are all affil	iates incluq	ded? Yes I	No
				ist. (see Instructions)		
1	Tax-exemp	ot status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		. ,	
	Website:		. MYHCF.ORG			
ĸ	Form of org		Corporation Trust Association Other ► L Year of formation: 2 C			111
100000	Part I	Summ		/00	M State of legal domicile: O	<u>~</u>
20000	1		e the organization's mission or most significant activities:		·····	
	1		ING HUDSON FOREVER BY EMPOWERING SIMPLE, SMART AND MEANIN	A B B B	•••••••••••••••••••••••••••••••••••	• •
ő	· · · ·	PHILANT		GEUL		••
Шa		FUTTENT	UKOP1			
Vel						
& Governance			< ► if the organization discontinued its operations or disposed of more than 25% of its net asse	ets.	1	
م ې	3 Nu	umber of vot	ing members of the governing body (Part VI, line 1a)	3	17	
tie	4 NI	umber of ind	ependent voting members of the governing body (Part VI, line 1b)	4	17	
Activities	5 To	otal number of	of individuals employed in calendar year 2011 (Part V, line 2a)	5	3	
			of volunteers (estimate if necessary)	6	0	
	7a To	otal unrelated	business revenue from Part VIII, column (C), line 12	7a		0
. <u> </u>	b Ne	et unrelated	business taxable income from Form 990-T, line 34	7b		0
			Prior Year	F 0 0	Current Year	-
ne	8 Cc	ontributions a	and grants (Part VIII, line 1h)600	<u>,598</u>	· · · · ·	
Revenue	9 Pr	ogram servic	ce revenue (Part VIII, line 2g)	0	20/02	
Re	10 Inv	vestment inc		<u>, 950</u>		
	11 Ot	ther revenue		<u>,134</u>		
	<u>12 To</u>	otal revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,007			
	13 Gr	rants and sin	nilar amounts paid (Part IX, column (A), lines 1–3)	<u>,</u> 274	531,83	1
			o or for members (Part IX, column (A), line 4)	0		0
nses	15 Sa	alaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10) 47	<u>,872</u>	36,32	0
ŝĽŝ	16a Pro	ofessional fu	Indraising fees (Part IX, column (A), line 11e)	0		0
Exper	b To	tal fundraisi	ng expenses (Part IX, column (D), line 25) ► 36, 537			
ш	1 11 00	her expense:	s (Part IX, column (A), lines 11a–11d, 11f–24e) 227	,411	329,25	5
	18 To	tal expenses	a. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,277			
	19 Re	evenue less e	expenses. Subtract line 18 from line 12 -269			
r SSO	8		Beginning of Curre	nt Year	End of Year	Ξ.
Net Assets or Fund Balances	20 To		Part X, line 16) 4,158	,035	7,136,200	Ō
rt As Id B	21 To	tal liabilities	(Part X, line 26)	0	· · · · · · · · · · · · · · · · · · ·	ō
_		et assets or f	und balances. Subtract line 21 from line 20 4, 158	,035	7,136,200	ō
P	art II	Signat	ure Block			-
Ur tru	nder penal Je, correct	ities of perjury t, and complet	, I declare that I have examined this return, including accompanying schedules and statements, and to the besi e. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	t of my kr	nowledge and belief, it is	
·····						-

Sign	Sig	nature of of	flicer						Date		
Here	I	GAIL	TOBIN			TREASURE	R				
	Тур	oe or print n	ame and title								
	Print/Type	preparer's r	ame .		Preparer's signature		Date		Check	if PTIN	
Paid	RICHARD	K. WA	RFIELD				09/	/18/12	self-employe	 ed 120004	1516
Preparer	Firm's name		WARFIELD	& COMI	PANY CPAS, LTD	•		Firm's		20-51.	35806
Use Only			581 Bosto	n Mil]	ls Rd Ste 100						
	Firm's addr	938 🕨	Hudson, C	H 442	236-1193			Phone	no. 3	30-655	5-1395
			rn with the preparer s							X Ye	s No
For Paper DAA	work Red	uction A	act Notice, see the se	parate insi	ructions.	<u> </u>					990 (2011)

Form 990 (2011) HUDSON COMMUN	ITY FOUNDATION	34-1935499	Page
Check if Schedule O co	Service Accomplishments	in this Part III	
 Differry describe the organization's miss 	ion;		
"ENRICHING HUDSON FOI PHILANTHROPY"	REVER BY EMPOWERING S	IMPLE, SMART AND MEANING	FUL
•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·
prior Earm 000 at 000 E70	ificant program services during the year w		
If "Yes," describe these new services or	1 Schedule O.		Yes X No
3 Did the organization cease conducting,	or make significant changes in how it cond		
If "Yes," describe these changes on Sch	nedule O		Yes X No
		largest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)	(4) organizations and section 4947(a)(1) th	usts are required to report the amount of	
grants and allocations to others, the tota	al expenses, and revenue, if any, for each p	program service reported.	
4a (Code:) (Expenses \$	767,998 including grants of \$	531,831) (Revenue \$	
FROGRAMS & ACTIVITIES	BENEFITING THE COMMUNITY FOUL BENEFITING THE COMMUNITY FOUL GIFTS. GRANTS AND CO	NDATION WHICH SHALL ENGA UNITY OF HUDSON, OHIO, EX ONTRIBUTIONS TO OUNTITE	
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b (Code:) (Expenses \$	including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
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			* * * * * ! • · • • • • • • • • • • • • • • • • •
Other program services. (Describe in Sch	edule O.)		
(Expenses \$	including grants of \$) (Revenue \$)
e Total program service expenses 🕨	767,998		/

Form 990 (2011) HUDSON COMMUNITY FOUNDATION 34-1935499 Part IV Checklist of Required Schedules 34-1935499

			٦.,	–
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Ye	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
	candidates for public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the encoderation encoder to be the section 501(c)(3) organizations.	3		X
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		Í	
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
~	Part III	_5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			+
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	1 7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes."	<u> </u>	┼╾	
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	– °	+	<u> </u>
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D. Bort W			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	–	<u>x</u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	8800000	X
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D. Det Mi			
b		11a	X	Í
	Sources of the second of the s			
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
U				
لہ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	bid the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? if "Yes," complete	_		
	Schedule D, Parts XI, XII, and XIII	12a		x
b	was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes " and if			
	the organization answered "No" to line 12a, then completing Schedule D. Parts XI, XII, and XIII is optional	12b		x
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		<u>.</u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 as many 15 (Var # association and the state as a state			77
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		<u>X</u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		<u> </u>
-	to individuals located autaide the United Clater Old War Revealed a state of the state of the state			
17	Did the organization report a total of more than \$15,000 of exercises for the state of the state	16		<u>x</u>
••	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 1162 if "Yea" complete Schedule C. De the			
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
10	bid the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
90-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011)

Form 990 (2011) HUDSON COMMUNITY FOUNDATION Part IV Checklist of Required Schedules (continued)

34-1935499

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
~~	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	ĺ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
00	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24 a	employees? If "Yes," complete Schedule J	23		X
248	an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
b	through 24d and complete Schedule K. If "No," go to line 25	24a		X
c	signification integral proceeds of tax-exempt bonds beyond a temporary period exception?	_24b		
Ŭ	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d		24c		
	any time during the year?	<u>2</u> 4d	L	
Luu	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	is the organization aware that it engaged in an excess here the schedule L, Part I	25a		X
~	and a disqualment of a good in an exected benefit transaction with a disqualment person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
26		25b		<u>x</u>
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's trustee of the end of the end of the organization's trustee of the end o			
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		***	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		<u>X</u>
	Schedule L, Part IV			75
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	<u>28b</u>		<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	20-		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	x	<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	-	
	conservation contributions? If "Yes," complete Schedule M	30	Ì	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			<u>A</u>
	Part i	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		-	
	IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			_
• -	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
<u></u>	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	ſ	T	
	19? Note. All Form 990 filers are required to complete Schedule O	_38	X	

Form 990 (2011)

	m 990 (2011) HUDSON COMMUNITY FOUNDATION 34-193549 art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	9		F	Page 5		
	Onesk in deficitude of contains a response to any question in this Part V	· · · <u>· · · · · · · · · · · · · · · · </u>	<u></u>	<u></u>	╤╧╧		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7		Yes	No		
b							
С							
2a			1c				
	Statements filed for the colondary can and any with any title it	2					
b		3		•	la se		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u>2</u> b	X			
3a	Did the organization have uprelated business gross income of \$1,000 or more during the upper						
b			<u>3a</u> 3b		X		
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority						
	over, a financial account in a foreign country (such as a bank account, securities account, or other financia account)?	al			v		
b	If "Yes," enter the name of the foreign country:		4a		X		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acco	unts					
5a		unta.	5a	******	X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 50		<u> </u>		
6a		************		_	<u> </u>		
	organization solicit any contributions that were not tax deductible?		6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	· · · · · · · · · · · · · · · · · · ·					
	gifts were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).	*************************					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l					
	and services provided to the payor?		7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?		7c		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	xt?	7e		_X_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	*****	7f		X		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	99 as required?	7g		X		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi	le a Form 1098-C?	7h		X		
Ū	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						
	Organization, have evenes husiness haldings at any time of the second						
9	Sponsoring organizations maintaining donor advised funds.	· · · · · · · · · · · · · · · · · · ·	8		X		
а	Did the organization make any taxable distributions under spotton 49882						
b	Did the organization make a distribution to a donor, donor advisor, or related person?		<u>9a</u>		x		
10	Section 501(c)(7) organizations. Enter:		9b				
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources	• <u> </u>					
	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a		******		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u></u>		
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	· · · · · · · · · · · · · · · · · · ·	14b				

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Part VI

Form 990 (2011) HUDSON COMMUNITY FOUNDATION

34-1935499 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

<u>5e</u>	ction A. Governing Body and Management					
4.					Yes	No
1a	the circle circle and be governing body at the circle tax year	<u>1</u> a	17			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar	1	1			
	committee, explain in Schedule O.					
d A	Enter the number of voting members included in line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
•	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		 .	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				i i	
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
~	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:			
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u></u>	9		X
<u> 3ec</u>	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue C	<u>ode.)</u>		
40-	Did the second offer the state of the second s				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	· • • · • • • •	· · · · · · · · · · · · · · · · · · ·	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	rm?	11a		X
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?	,		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	The organization's CEO, Executive Director, or top management official	,	· · · · · · · · · · · · · · · ·	15a		X
b	Other officers or key employees of the organization		· · · · · · · · · · · · · · · ·	15b		Х
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			_16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	<u></u> ,	· · · · · · · · · · · · · · · · · · ·	16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► OH					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501	(c)(3)s	s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					

Own website X Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the 20

organization: 🕨	GAIL TOBIN	49	E.	MAIN	STREET

OH 44236

Form 990 (2011) HUDSON COMMUNITY FOUNDATION

Part VII	Compensation of Officers Directors Trustees Key Employee U. L. (C.	Faye /
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	ind
	Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	

34-1935499

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for	(d bo of	lo not ix, unli ficer a) Pos check ess pe nd a c	C) sition more erson firecto	than c is both pr/trust	one i an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated errount of other compensation from the
	related organizations in Schedule O)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) BRIAN BISHOP				-						
BOARD MEMBER	2.00	x						0	0	0
(2) WILLIAM CURRIN		1			<u> </u>					0
BOARD MEMBER	2.00	X						0	0	0
(3) DREW FORHAN										<u>×</u>
VICE PRESIDENT	2.00	X		X				0	0	0
(4) JAN GUSICH										<u>v</u>
BOARD MEMBER	4.00	X						0	0	0
(5) JAMES HACKNEY										
CHAIRMAN	5.00	X		Х				0	O	0
(6) MICHAEL LEWIS			_							
BOARD MEMBER	2.00	X						0	0	0
(7) SHAWN LYDEN										
BOARD MEMBER	2.00	X						0	0	0
(8) DAVID SCHWEIGHOR	FER									
BOARD MEMBER	2.00	X		X				0	0	0
(9) WILLIAM WOOLDREI									<u>_</u>	
FORMER-PRES.EMERITUS	2.00	X		Х				0	0	0
(10) JILL BACON MADDE	IN							1		
BOARD MEMBER	2.00	X						0	0	0
(11) KENT MCMATH		Í								
BOARD MEMBER	2.00	X		_				0	0	0
(12) PHILIP TOBIN										
PRESIDENT	6.00	X		X		_		0	0	0
(13) GAIL ROYSTER				ļ						<u>_</u> _
BOARD MEMBER	2.00	X						0	0	0
(14) WILLIAM SEDLACER										
BOARD MEMBER	2.00	X						0	0	0

Form 990 (2011) HUDSON COMMUNITY FOUNDATION

34-1935499

Part VII Section A. Officers	s, Directors, Tr	ustee	es, k	(ev E	Emp	lovee	es. a	Ind Highest Compensated	D 5499	Page 8
(A) Name and tille	(B) Average hours per week (describe hours for	(c bc of	io not ox, uni ficer e	Po check less p and a	(C) sition c more erson directe) than (is both pr/trust	one 1 an 9e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(vv-2) 1039-101(5C)	from the organization and relatad organizations
(15) DONALD THARP		1		-						
VICE PRESIDENT (15) GAIL TOBIN	2.00	X	-	X	_			0	0	0
SECRETARY/TREASURER	4.00	x		x				0	0	0
(17) RICHARD WARFIELI	>								0	0
BOARD MEMBER	2.00	X		-				0	0	0
(18)										
(19)										
(20)					_					
(21)										
(22)										
(23)							_			
(24)					<u> </u>		-			
(25)			-							
1b Sub-total		[,	l	I		 				
c Total from continuation shee	ts to Part VII, S	ectio	on A]	▶[
dTotal (add lines 1b and 1c)2Total number of individuals (individuals)	ludina but not li	mitor			liet					
reportable compensation from	the organization		0	1056	e nsu	eo ar	ove) who received more than s	\$100,000 in	
3 Did the organization list any for	mer officer, dire	ector.	or t	ruste	e. k	ev er	nnlor	vee or highest comparent		Yes No
 4 For any individual listed on line organization and related organi 	complete Sched 1a, is the sum o zations greater t	ule J of rep than	for : for: \$150	such ble (),00(indi comp 07 lf	vidua pensa "Yes	al ation	and other compensation f	rom the	<u>3</u> X
individual 5 Did any person listed on line 1a for services rendered to the org	i receive or accr	ue co	ompe	ensa	tion	from	any	unrelated organization or i	ndividual	<u>4 X</u>
Section B. Independent Contracto	rs	<u>,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Junip		ocn	equie	; <u>, , (</u>	or such person	<u></u> <u></u>	5 X
1 Complete this table for your five compensation from the organiz	ation. Report co	nsate mper	ed in nsati	dep on fo	ende or the	ent co e cale	ontra enda	ctors that received more th ar year ending with or withir	an \$100,000 of the organization's tax yea	
Name and b	(A) usiness address							Descriptio	B) in of services	(C) Compensation
							<u> </u>			
							<u> </u>			
2 Total number of independent co	ntractors (inclue	lina F		ot lir	niter		1096	listed above) who		

2	lotal number of independent contractors (including but not limited to those listed above) who		
	received more than \$100,000 of compensation from the organization	0	
DAA			QQ

Form 990 (2011) HUDSON COMMUNITY FOUNDATION 34-1935499 Page 9 Part VIII Statement of Revenue (C) Unrelated business (D) Revenue excluded from tax (A) Total revenue (B) Related or exempt function under sections 512, 513, or 514 revenue revenue Gifts, Grants illar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 85,350 1c d Related organizations 1d e Government grants (contributions) Contributions, and Other Sim 1e f All other contributions, gifts, grants, and similar amounts not included above 3,904,760 1f \$ 2,584,058 g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f. 3,990,110 Revenue Busn. Code 2a 4TH OF JULY FIREWORKS & OTHER -10,319-10,319**b** Program Service C d _____ е f All other program service revenue -10,319g Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 61,166 61,166 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) ► 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventor b Less: cost or other 111,507 basis & sales exps. -111,507 c Gain or (loss) -111,507 d Net gain or (loss) -111,507 ► 8a Gross income from fundraising events Other Revenue (not including \$ 85,350 of contributions reported on line 1c). 215,469 See Part IV, line 18 а b Less: direct expenses 269,348 b -53,879 c Net income or (loss) from fundraising events ► -53,879 9a Gross income from gaming activities. See Part IV, line 19 _____ a b Less: direct expenses _____ b c Net income or (loss) from gaming activities ► 10a Gross sales of inventory, less returns and allowances _____ a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn, Code 11a b С d All other revenue e Total. Add lines 11a-11d ► 3,875,571 12 Total revenue. See instructions. -121,826 0 7,287

Form 990 (2011)

Form 990 (2011) HUDSON COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

..

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	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Menegement and	(D) Fundraising
-	b, 8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	and and desistance to getermistic and				
	organizations in the U.S. See Part IV, line 21	531,831	<u>531,8</u> 31		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		······································		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	22 720	11 104		
8		33,739	11,134	<u> </u>	11,13
ů	Pension plan accruais and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,581	852		85
11	Fees for services (non-employees):				
а	Management				
b	Legat				
C	Accounting			· · · · · · · · · · · · · · · · · · ·	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	16,836	16,836		
g	Other	55,235	20,384	26,543	8,30
12	Advertising and promotion	7,979	572	572	6,83
13	Office expenses	8,669	1,461	2,032	
14	Information technology	9,753	3,218		5,17
15	Develting			3,317	3,21
16		32,362			·······
17	Occupancy Travel			32,362	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
!1	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,137		12,137	
3	Insurance	2,980	983	983	1,01
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	COMMUNITY EVENTS	172,537	172,537		
b	MISCELLANEOUS EXPENSES	9,388		1 000	
c	SERVICE CHARGES	1,379	7,500	1,888	
d		<u></u>	690	689	
	All other ownerses				
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	897,406	767,998	92,871	36,53
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

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Form 990 (2011) HUDSON COMMUNITY FOUNDATION Part X Balance Sheet

34-1935499

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				(A) Beginning of year	(B) End of year
1	Cash—non-interest bearing			444 ,512 1	833,964
2	Savings and temporary cash investments	•••••••		2	055,904
3	Pledges and grants receivable, net	· · · · · · · · · · · · · · · · · · ·		370,575 3	3,049,338
4	Accounts receivable, net	•••••••••••••••••	, , , , , , , , , , , , , , , , , , , ,	4	3,049,330
5	Receivables from current and former officers, directo	rs trustees ke	·····	4	
	employees, and highest compensated employees. C				
	Schodula I			-	
6	Receivables from other disqualified persons (as defin			5	
	4958(f)(1)), persons described in section 4958(c)(3)(I				
	employers and sponsoring organizations of section 5				
00 I	employees' beneficiary organizations (see instruction				
ASSets	Notes and loans receivable, net		••••••••	6	
8 8	Inventories for sale or use	••••••	••••••••••••••••••••••••	7	
9	Inventories for sale or use Prepaid expenses and deferred charges			8	
	a Land, buildings, and equipment: cost or	·····	· · · · · · · · · · · · · · · · · · ·	9	
	other basis. Complete Part VI of Schedule D	100	153,932		
	Less: accumulated depreciation	104	30,475		100 450
111	Investments publicly traded as switted			133,143 10c 3,209,805 11	123,459
12	Investments-other securities. See Part IV, line 11	•••••••••••	• • • • • • • • • • • • • • • • • • •	1	3,129,439
13	Investments—program-related. See Part IV, line 11	·····	• • • • • • • • • • • • • • • • • • • •		
14	Intangible assats	13			
15	Intangible assets	14	<u> </u>		
16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line	4,158,035 16	7 120 000		
17	Accounts payable and accrued expenses	34/	<u></u>		7,136,200
18	Grants payable	17	· · · · · · · · · · · · · · · · · · ·		
19	Grants payable	••••••••••••	• • • • • • • • • • • • • • • • • • • •	19	
20	Deferred revenue	• • • • • • • • • • • • • • • • • • •	•••••••		
21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV		· · · · · · · · · · · · · · · · · · ·	20	
			• • • • • • • • • • • • • • • • • • • •	21	
	employees, highest compensated employees, and dis	· •			
	Complete Dort II of Rehedule I	•	i		
j 23		ind nontion		22	
24	Unsecured notes and loans payable to unrelated third	narties		23	··· ··· ··· ·· ··· ···
25	Other liabilities (including federal income tax, payable			24	
	parties, and other liabilities not included on lines 17-2-				
	of Opheratule, D			25	
26	Total liabilities. Add lines 17 through 25			25 026	0
	Organizations that follow SFAS 117, check here			<u> </u>	0
27 28 29 30 31 32	lines 27 through 29, and lines 33 and 34.	Land 2010			
27	Unrestricted net assets			3,159,886 27	<u>3,021,698</u>
28	Temporarily restricted net assets	•••••••••••••••	• • • • • • • • • • • • • • • • • • • •	998,149 28	4,114,502
29				29	
	Organizations that do not follow SFAS 117, check	here ▶ 🗌 an	d		
	complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipme	ant fund			······
32	Retained earnings, endowment, accumulated income,		•••••••	32	
33	Total and an etc. on found hat a sec			4,158,035 33	7,136,200
34	Total liabilities and net assets/fund balances	••••••	· · · <i>· · · · ·</i> · · · · · · · · · · ·	4,158,035 34	7,136,200
			· · · · · · · · · · · · · · · · · · ·		7,130,200

Form 990 (2011)

Part XI Reconciliation of Net Assets	For	990 (2011) HUDSON COMMUNITY FOUNDATION 34-1935499		Page 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3,875,571 2 Total expenses (must equal Part IX, column (A), line 25) 2 897,406 3 Revenue less expenses. Subtract line 2 from line 1 3 2,978,165 4 Nat assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4,158,035 5 Other changes in net assets or fund balances (explain in Schedule O) 5 5 6 7,136,200 5 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No Yes No 2 a X 2 X 2 Were the organization's financial statements audited by an independent accountant? 2a X 2b X Viewer the organization of its financial statements and selection of an independent accountant? 2a X	₿ ₽	Reconciliation of Net Assets		······································
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3,875,571 2 Total expenses (must equal Part IX, column (A), line 25) 2 897,406 3 Revenue less expenses. Subtract line 2 from line 1 3 2,978,165 4 Nat assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4,158,035 5 Other changes in net assets or fund balances (explain in Schedule O) 5 5 6 7,136,200 5 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No Yes No 2 a X 2 X 2 Were the organization's financial statements audited by an independent accountant? 2a X 2b X Viewer the organization of its financial statements and selection of an independent accountant? 2a X		Check if Schedule O contains a response to any question in this Part XI		[7]
2 897,406 3 2,978,165 4 4,158,035 5 Other changes in net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4,158,035 5 Other changes in net assets or fund balances (explain in Schedule O) 5 4 4,158,035 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 7,136,200 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
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1 Accounting method used to prepare the Form 990: Cash <td>-</td> <td></td> <td></td> <td></td>	-			
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6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 7,136,200 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 6 7,136,200 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 2a X Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2b X b Were the organization's financial statements audited by an independent accountant? 2b X 2b X c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2c X 2c X 2c X if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X 3a X	5	Other changes in het assets of fund balances (explain in Schedule O)		
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Plancial Statements and Reporting		_column (B))	6	7.136.200
1 Accounting method used to prepare the Form 990: Cash X Accruai Other		Financial Statements and Reporting		
1 Accounting method used to prepare the Form 990: Cash X Accruai Other		Check if Schedule O contains a response to any question in this Part XII		Π
 Accounting method used to prepare the Form 990: Cash X Accrual Other				
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1			
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b Were the organization's financial statements audited by an independent accountant? 2b X c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2c X d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X 2 X X Separate basis Consolidated basis Both consolidated and separate basis 3a X 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a X				
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the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Don donsolidated and separate pasis		
the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		the Single Audit Act and OMB Circular A-133?		3a X
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b

Form 990 (2011)

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HUDCOM	MFDN 09/18/2012 9:	55 AM										
	DULE A 990 or 990-EZ)	Put	olic Charity Status	s and	l Publ	lic S	uppo	ort		ŀ	OMB No. 1	545-0047
ų. -		Comple	te if the organization is a sect 4947(a)(1) nonexen				or a se	ection			20	
	nt of the Treasury evenue Service	► A	ttach to Form 990 or Form 99				structio	ns.				to Public ection
Name of	the organization				·			Empl	oyer iden	ntificatio	n number	
	······		UNITY FOUNDATION					34	-193	3549	9	
Part		on for Public Charity	Status (All organizations	s must c	complete	e this p	art.) S	ee ins	tructic	ons.		
			ise it is: (For lines 1 through 11,									
			sociation of churches described	l in sectio	on 170(b)	(1)(A)(i).						
2			(A)(ii). (Attach Schedule E.)									
3			rice organization described in se									
4 [city, and stat		ed in conjunction with a hospital				b)(1)(A)(iii). Ent	ter the h	nospita	i l's n ame,	
5 [of a college or university owned	d or opera	ited by a c		entel un	it dooo	ibod in	• • • • • • •	••••••	• • • • • • • • • • • • • •
		(b)(1)(A)(iv). (Complete Par			lieu ny a ç	jovenin	ontar un	it desci	inea III			
6			governmental unit described in s	section 1	70(b)(1)(/	A)(v).						
7 🛛			substantial part of its support f				from the	e gener	al publi	с		
		section 170(b)(1)(A)(vi). ((Ū				5		-		
8	A community	v trust described in section	170(b)(1)(A)(vi). (Complete Par	rt II.)								
9 🗌			(1) more than 33 1/3% of its sup									
			mpt functions—subject to certai									
			and unrelated business taxable i				x) from l	busines	ses			
			30, 1975. See section 509(a)(2)									
			exclusively to test for public sat									
11			exclusively for the benefit of, to									
			ted organizations described in s						sectio	n		
			the type of supporting organizat									
e [c [_] Type III–Functior ganization is not controlled direc			d		e III–O				
ぐ∟			er than one or more publicly sup									
	or section 50		or than one of more publicity sup	phoned of	iganizatio	115 06301	IDOU IN :	Section	509(a)((1)		
f			ermination from the IRS that it is	s a Type í	. Type II	or Type	lll suon	ortina				
		check this box						-				
g	Since August	t 17, 2006, has the organiza	ation accepted any gift or contrib	oution from	n any of t	he	•••••	• • • • • • • • • •	••••••	•••••	• • • • • • • • • • • •	
	following per				-							
	(i) A persor	n who directly or indirectly c	ontrols, either alone or together	with pers	ons descr	ibed in (ii) and					Yes No
	(iii) belov	w, the governing body of the	supported organization?								11g(i)	
		member of a person descri	bed in (i) above?								11g(ii)	
			described in (i) or (ii) above?	· · · · · · · · · · · · · · ·							1 1 g(iii)	
<u>h</u>			the supported organization(s).	T		r		<u> </u>				
	ne of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1–9		organization isted in vour		ou notify		ls the ion in col.		(vii) Amou	
			above or IRC section		document?	col. (i)	of your	(i) organi	zed in the		suppor	l
			(see instructions))	Yes	No	Sup Yes	port?		S.?			
(A)				168	NO	Tes	No	Yes	No			<u> </u>
(B)												
(C)												
(D)												

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

(E)

Total

Sch	edule A (Form 990 or 990-EZ) 2011 HU	DSON COMM	UNITY FOU	NDATION	34	-1935499	Page 2
85	art II Support Schedule for C	rganizations I	Described in S	ections 170(b))(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you che	cked the box o	n line 5, 7, or 8	of Part I or if the	ne organization	failed to qualify	under
	Part III. If the organization	n fails to qualify	under the tests	s listed below, p	please complet	e Part III.)	
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,277,876	752,617	967,525	600,598	3,990,110	8,588,726
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,277,876	752,617	967,525	600,598	3,990,110	8,588,726
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						4,006,758
Sec	tion B. Total Support						4,581,968
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(6) Total
7	Amounts from line 4	2,277,876		967,525	600,598		(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	96,650	108,542	64,734	57,637	3,990,110	<u>8,588,726</u> 388,729
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						8,977,455
12	Gross receipts from related activities, etc.				•••••••••••••••••••••	<u>12 (</u>	-10,319
13	First five years. If the Form 990 is for the						
Sec	organization, check this box and stop here tion C. Computation of Public Su		200	<u></u>	<u></u>	<u></u>	<u> </u>
14				(8)			
15	Public support percentage for 2011 (line 6 Public support percentage from 2010 Sche	, column (1) aividea adulo A. Bart II. lina	i by line 11, columi 5 44	э (п))	•••••••••••••••••••		51.04%
16a	33 1/3% support test—2011. If the organi			3 and line 14 is 21	2 1/20/ or	<u>15</u>	43.02%
	box and stop here. The organization quali	fies as a publicly of	unnorted organizet	o, and line 14 IS 3. ion	5 1/3% of more, cf	IECK THIS	<u>د</u> احجا
b	box and stop here. The organization quali 33 1/3% support test—2010. If the organi	zation did not chee	k a box on line 13	or 16a and line 44	5 ie 33 1/30/ or	ro.	> X
	check this box and stop here. The organiz	ation qualifies as a	a publicly supporter	or roa, and line ro	18 33 1/370 01 110	ie,	
17a	10%-facts-and-circumstances test-201	1. If the organization	n did not check a	box on line 13 16:	or 16b and line	 1Л іс	······ 🗖 🗋
	10% or more, and if the organization meets Part IV how the organization meets the "fa	s the "facts-and-cir	cumstances" test,	check this box and	l stop here. Expla	in in	
b	organization 10%-facts-and-circumstances test—201	0. If the organization	on did not check a	box on line 1 3, 16a	a, 16b, or 17a, and	line	► 📋
	15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances"	test, check this bo	x and stop here.		
	Explain in Part IV how the organization me					plicly	
18	supported organization Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	179 or 17h ohos	this have and	• • • • • • • • • • • • • • • • • • • •	► 🗌
	instructions						▶ []

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Schedule A (Form 990 or 990-EZ) 2011

- XX (##)	edule A (Form 990 or 990-EZ) 2011 HU	DSON COMM	UNITY FOU	NDATION	34	1-1935499	Page
s.K	art III Support Schedule for C	rganizations	Described in S	ection 509(a)(2)		
	(Complete only if you che	ecked the box	on line 9 of Part	I or if the orga	nization failed	to qualify under F	Part II.
<u> </u>	If the organization fails to	quality under	the tests listed t	<u>pelow, please c</u>	omplete Part I	l.)	
	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	1					
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b		1				
8	Public support (Subtract line 7c from line 6.)						<u>.</u> .
Sec	tion B. Total Support	1					
alen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						()) 10101
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	······································				· · · · · · · · · · · · · · · · · · ·	
с	Add lines 10a and 10b						
1	Net income from unrelated business			1			
1	activities not included in line 10b, whether or not the business is regularly carried on						
	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
2	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11,						
2 3 4	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
2 3 4 ect	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Su	pport Percen	tage	<u></u>	<u></u>		►
2 3 4 ect	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Su	pport Percen	tage	<u></u>	<u></u>		
2 3 4 6ect	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Su Public support percentage for 2011 (line 8,	p port Percen column (f) divided	tage d by line 13, column	(f))		15	%
2 3 4 6 6	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Su Public support percentage for 2011 (line 8, Public support percentage from 2010 Schere	e pport Percen column (f) divided dule A, Part III, lir	tage d by line 13, column ne 15	(f))		15	%
2 3 4 5 5 5 5 5 5 6 6	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Su Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche ion D. Computation of Investment	o column (f) divided dule A, Part III, lir nt Income Per	tage d by line 13, column 1e 15 rcentage	(f))		15 16	%
2 3 4 5 6 6 6 6 7	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Su Public support percentage for 2011 (line 8, Public support percentage from 2010 Schere	e pport Percen column (f) divideo edule A, Part III, lir nt Income Per ne 10c, column (f)	tage d by line 13, column he 15 rcentage divided by line 13,	(f)) column (f))		15 16 17	% %
2 3 4 6 6 6 6 6 7 8	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Su Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche ion D. Computation of Investment Investment income percentage for 2011 (line Investment income percentage from 2010	o column (f) divided adule A, Part III, Iir nt Income Per ne 10c, column (f) Schedule A, Part I	tage d by line 13, column ne 15 r centage d divided by line 13, III, line 17	column (f))		15 16 17 18	% %
2 3 4 5 6 6 6 7 8 9 8	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Su Public support percentage for 2011 (line 8, <u>Public support percentage from 2010 Sche</u> ion D. Computation of Investmen Investment income percentage from 2010 33 1/3% support tests—2011. If the organ	pport Percen column (f) divided dule A, Part III, lir nt Income Per ne 10c, column (f) Schedule A, Part I nization did not che	tage d by line 13, column te 15 rcentage divided by line 13, III, line 17 eck the box on line	(f)) column (f)) 14, and line 15 is n	nore than 33 1/39	15 16 17 18 5. and line	% %
2 3 4 6ect 5 6 6 6 7 3 3 3 3 3 8 4 5 5 5 6 6 7 3 9 8 9 8 9 8	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Su Public support percentage for 2011 (line 8, Public support percentage from 2010 Sche ion D. Computation of Investment Investment income percentage for 2011 (line Investment income percentage from 2010	column (f) divided column (f) divided adule A, Part III, lin nt Income Peu ne 10c, column (f) Schedule A, Part I nization did not che x and stop here, nization did not che	tage d by line 13, column te 15 rcentage d divided by line 13, lll, line 17 eck the box on line The organization qu eck a box on line 14	(f)) column (f)) 14, and line 15 is n alifies as a publici or line 19a, and li	nore than 33 1/3% y supported orgar ne 16 is more tha	15 16 17 18 6, and line nization n 33 1/3%, and	► % % % ►

.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

►

1991 - 114

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

DAA

Supplemental Financial Statements

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990. ► See separate instructions.



Employer identification number

H	UDSON COMMUNITY FOUNDATION		34-1935499
Pa	Organizations Maintaining Donor Advised Fun organization answered "Yes" to Form 990, Part IV	nds or Other Similar Funds or A /, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	37	
2	Aggregate contributions to (during year)	508,757	0
3	Aggregate grants from (during year)	539,719	
4	Aggregate value at end of year	2,216,278	
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclu	usive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose	
	conferring impermissible private benefit?		X Yes No
Pa	IT II Conservation Easements. Complete if the organ	nization answered "Yes" to Form	
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	portant land area
	Protection of natural habitat	Preservation of a certified histori	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser easement on the last day of the tax year.	vation contribution in the form of a conse	ervation
			Held at the End of the Tax Year
а	Total number of conservation easements		
b		• • • • • • • • • • • • • • • • • • • •	
C C		indext in (a)	20
	Number of conservation easements included in (a) serviced offer 0/17/		<u>2c</u>
d		ib, and not on a	
-			[_2d
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organiza	tion during the
	tax year 🕨		
4	Number of states where property subject to conservation easement is lo		
5	Does the organization have a written policy regarding the periodic monit		
	violations, and enforcement of the conservation easements it holds? \ldots		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the y	ear
7	Amount of expenses incurred in monitoring, inspecting, and enforcing c \blacktriangleright \$	onservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section 170(h)(4)(B)	
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easeme		
	balance sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements.		
Pa	ttill Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to Fo	Historical Treasures, or Other sorm 990. Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no		halance sheet
. 4	works of art, historical treasures, or other similar assets held for public e		
	public service, provide, in Part XIV, the text of the footnote to its financia		
b			
u	If the organization elected, as permitted under SFAS 116 (ASC 958), to		
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of
	public service, provide the following amounts relating to these items:		N .
	(i) Revenues included in Form 990, Part VIII, line 1		🕨 \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical treasures, or e	other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958) r		
а	Revenues included in Form 990, Part VIII, line 1		🕨 💲
b	Assets included in Form 990, Part X	······································	🕨 \$
For P	aperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 HUDSON C					935499			'age 2
P e	rt III Organizations Maintainir						s (contin	ued)	
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and other reco	rds, check any of the	e following that a	are a signifi	icant use of its			
а	Public exhibition	d	Loan or exchange	programs					
b	Scholarly research	е	Other						
С	Preservation for future generations		- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
4	Provide a description of the organization's XIV.	collections and expla	ain how they further f	he organization	's exempt j	purpose in Part			
5	During the year, did the organization solicit	or receive donation	s of art historical fre	asures or other	similar				
•	assets to be sold to raise funds rather than							∋s [No
Pa	nt IV Escrow and Custodial A	rangements. C	omplete if the or	ganization a	nswered	"Yes" to Form 99	0. Part		
2000000000	line 9, or reported an amou			5			-,	, - ,	
1a	Is the organization an agent, trustee, custo			ns or other asse	ets not				
	included on Form 990, Part X?		•					es 🗌	No
b	If "Yes," explain the arrangement in Part XI	V and complete the	following table:				.,	_	_
							Amoun	t	
C	Beginning balance					<u>1c</u>			
d	Additions during the year					1d			
е	Distributions during the year					<u>1e</u>			
f	Ending balance					1f			
	Did the organization include an amount on		ne 21?				📙 Ye	s	No
	If "Yes," explain the arrangement in Part XI								
	nt V Endowment Funds. Com								
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years back	(e) Fou	r years	back
	Beginning of year balance								
	Contributions		-						
C	Net investment earnings, gains, and								
	losses								
	Grants or scholarships					<u></u>			
e	Other expenditures for facilities and								
	programs								
	Administrative expenses								
9 2	End of year balance [Provide the estimated percentage of the cu	went year and holes							
	Board designated or quasi-endowment		ice (inte 19, column	(a)) neiù as.					
	Permanent endowment > %								
	Temporarily restricted endowment >	%							
Ŭ	The percentages in lines 2a, 2b, and 2c sh	• • • • • • • • • • • •							
3a	Are there endowment funds not in the poss		zation that are held a	and administere	d for the				
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) valatad avagaigationa						10-/::)	-	
b	If "Yes" to 3a(ii), are the related organizatio								
4	Describe in Part XIV the intended uses of t			,					
Pa	rt VI Land, Buildings, and Equ	u ipment. See Fo	orm 990, Part X,	line 10.					
	Description of property	(a) Cost or othe	er basis (b) Cos	t or other basis	(c) A	Accumulated	(d) Book	value	
		(investmer	nt)	(other)	de	preciation			
1a	Land	. ,							
b	Buildings				1				
C	Leasehold improvements								
	Equipment								
e	Other			153,932		30,473			<u>459</u>
Total	. Add lines 1a through 1e. (Column (d) musi	t equal Form 990, Pa	art X, column (B), line	e 10(c).)			1:	23,	459

Schedule D (Form 990) 2011

<u>Schedule D (F</u>			COMMUNITY FOU		34-1935499	Page 3
Part VII	Investments-	-Other S	ecurities. See Form 9	990, Part X, line 12.		
	(a) Descript	tion of security o	r category	(b) Book value	(c) Me	thed of valuation;
· · · · · · · · · · · · · · · · · · ·	(includ	ling name of sec	urity)		Cost or end	d-of-year market value
(1) Financial o			* * * * * * * * * * * * * * * * * * * *			
(2) Closely-he	ld equity interests					
(A)						
(B)						
(E)						
(F)						
(G)	• • • • • • • • • • • • • • • • • • • •					
(H)	•••••	••••••••••				
(1)				<u> </u>		
Part VIII			n Related. See Form			
	(a) Descri	ption of investme	ent type	(b) Book value	1	thed of valuation;
(4)					Cost of end	l-of-year market value
(1)						
(2)						
(3)(4)						
<u>(4)</u>						
(5)	· · · · ·					
_(6) _(7)						
(8)						
(9)						
(10)						
	(b) must equal Fo	rm 990. Par	t X, coi. (B) line 13.)	• • • • • • • • • • • • • • • • • • •		
Part IX			n 990, Part X, line 15.			
			(a) Description		······································	(b) Book value
(1)						
(2)						
(3)						
_(4)						
(5)						
(6)						
_ (7)						
(8)						
(9)		<u></u>				
(10)						
Total. (Column			X, col. (B) line 15.)	<u></u>	<u></u>	▶
Part X			Form 990, Part X, line 2			
<u>1.</u>		escription of liabil	lity	(b) Book value		
	ncome taxes					
(2)						
_(3)						
(4)			· · · · · · · · · · · · · · · · · · ·			
(5)		<u> . </u>				
(6)						
(7)						
(8)						
(9)						
(10)						
(11) Total (Column	(h) must sound the	m 000 Ded	Y col (R) line 25)			
				► e to the organization's fi	inancial statements that report	a tha
MIT IN AC (MOC		i ar niv, pi	ANAR THE REVEOL THR JOORHON	o to me organization s fi	паныа залешентя тнат теропа	5 11/5

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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	edule D (Form 990) 2011 HUDSON COMMUNITY FOUNDA		-1935499	Page 4
<u></u>	art XI Reconciliation of Change in Net Assets from For	m 990 to Audited Finan	cial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine I	ines 3 and 9	10	
Pa	Int XII Reconciliation of Revenue per Audited Financial	Statements With Reven	nue per Return	
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	20		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		
Ra	Int XIII Reconciliation of Expenses per Audited Financia			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	€ 18.)	5	
Pa	rt XIV Supplemental Information	· · · · · ·		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9	9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b;	
Part '	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII	l, lines 2d and 4b. Also comple	te this part to provide	
any a	idditional information.			
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				· · · · · · · · · · · · · · · · · · ·
			Schedule D /	Form 990) 2011
				2011 000/ 2011

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HUDCOMMFDN 09/18/2012 9:55 AM							
SCHEDULE G	Suppl	emental Inf	orm	atio	on Regarding		OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization	draising or	Gar	nin	g Activities		2011
Department of the Treasury Internal Revenue Service	organization	entered more than \$1	5,000 or	۱ Form	990-EZ, line 6a. ee separate instructions.		Open To Public Inspection
Name of the organization						Employer identifie	cation number
Eundraiai	DSON COMMUNITY F ng Activities. Complete if				rod "Vee" to Form (34-1935	
Form 990-	EZ filers are not required t	o complete this	s par	t.		990, Part IV, line	9 17.
	ganization raised funds through						
a 🛄 Mail solicitations		e 🔄 Solicitation	of no	n-gov	ernment grants		
b 🔄 Internet and emails		f Solicitation	of go	vernn	nent grants		
c Phone solicitations		g 🔄 Special fur	ndraisi	ng ev	ents		
d 🛄 In-person solicitatio							
or key employees listed b If "Yes," list the ten high	ive a written or oral agreement w d in Form 990, Part VII) or entity hest paid individuals or entities (f \$5,000 by the organization.	in connection with	profe: ant to	ssion: agree	al fundraising services?		Yes No
(I) Nome and od	Idress of individual		(III) Di raise	d fund- r have		(v) Amount peid to	(vi) Amount paid to
• *	fundraiser)	(ii) Activity	cont	xdy or rol of utions?	(Iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or reteined by) orgenization
			Yes	No			
1							
2							
3							
3							
4							
5							
6							
			-				
7							
8							
9	<u></u>						
10							
Гоtal		······································	· · · · · · · ·				
3 List all states in which the registration or licensing.	he organization is registered or li	censed to solicit c	ontribi	utions	or has been notified it	is exempt from	• · · · · · · · · · · · · · · · · · · ·
•••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·	••••••••••	• • • • • • •				
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	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •					••••••••••
Panerwork Reduction Act N	otice, see the Instructions for	Form 990 or 990.				Schedule C (Ec)	m 990 or 990-EZ) 2011

' Form 990 or 990 DAA

Schedule G (Form 990 or 990 Z) 201'

Schedule G (Form 990 or 990-EZ) 2011 HUDSON COMMUNITY FOUNDATION 34-1935499 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990. Part IV line 18 or reported

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		even to man gre	(a) Event #1		(2) Other sured	
			(4) = voi((*)	(b) Event #2	(c) Other events	(d) Total events
			TASTE OF HUDSON		None	(add col. (a) through
Ð			(event type)	(event type)	(total number)	- col. (c))
Revenue		Gross receipts	300,819			300,819
		Less: Charitable contributions Gross income (line 1 minus	85,350			85,350
	3	line 2)	215,469			215,469
		Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	51,233			51,233
Direct Expenses	7	Food and beverages	27,365			27,365
Dîre	8	Entertainment	15,107			15,107
	9	Other direct expenses	175,643			175,643
	10	Direct expense summary.	Add lines 4 through 9 in column (d)	•	269,348)
	11	Net income summary. Co	mbine line 3, column (d), and line 1	0	•••••••••••••••••••••••••••••••••••••••	-53,879
ШР,	art	III Gaming. Com	mbine line 3, column (d), and line 1 plete if the organization answ	ered "Yes" to Form 990,	Part IV, line 19, or repo	rted more
		than \$15,000 o	n Form 990-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes		······································		
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes %	Yes %	6
	7	Direct expense summary.	Add lines 2 through 5 in column (d)) ,		
	8	Net gaming income summ	nary. Combine line 1, column d, and	l line 7	Þ	
^	E e f	or the state (-) to subtrate ()	ownering the second sec	-147		
9 a b	ls ti	er the state(s) in which the he organization licensed to No," explain:	organization operates gaming activ operate gaming activities in each o	ities: f these states?		9a 🗌 Yes 🗌 No
	• • •				· · · · · · · · · · · · · · · · · · ·	
10a b	We If "Y	re any of the organization's fes," explain:	s gaming licenses revoked, suspend	led or terminated during the ta	x year?	10a 🗌 Yes 🗌 No
	• • •		· · · · · · · · · · · · · · · · · · ·	****	•••••••••••••••••••••••••••••••••••••••	
		• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••
						(Earm 000 at 000 EZ) 0014

Schedule G (Form 990 or 990-EZ) 2011

1	dule G (Form 990 or 990-EZ) 2011 HUDSON COMMUNITY FOUNDATION	34-193549		L	
	Does the organization operate gaming activities with nonmembers?	•••••••••••••••••••••	∐ Ye	98	
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			Г	-
	formed to administer charitable gaming?	·····	L Y	es] }
	Indicate the percentage of gaming activity operated in:				
	The organization's facility	<u>13a</u>			%
	An outside facility	13 b			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ►				
	Address ►		,		
a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		Ye	es	1
ı	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and t amount of gaming revenue retained by the third party ▶ \$	the			
:	If "Yes," enter name and address of the third party:				
i	Name ►				
	Address ►				
(Gaming manager information:				
	Name ►				
	Name ▶ Gaming manager compensation ▶ \$				
(Gaming manager compensation > \$				
(
([Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer Employee Independent contractor				
(Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer Employee Independent contractor Mandatory distributions:				
(Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to				1.
) 	Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Ye	əs 🗌]
(Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Ye	9S]
) 	Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$			es [] [
) 	Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Complete this part to provide the explanations required to columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable	y Part I, line 2b		95] •
(Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ W Supplemental Information. Complete this part to provide the explanations required to	y Part I, line 2b		95] •
(Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Complete this part to provide the explanations required to columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable	y Part I, line 2b		95] •
(Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Complete this part to provide the explanations required to columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable	y Part I, line 2b		95 [] •
(Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Complete this part to provide the explanations required to columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable	y Part I, line 2b)5 [] •
(Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Complete this part to provide the explanations required to columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable	y Part I, line 2b		95] •
) 	Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Complete this part to provide the explanations required to columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable	y Part I, line 2b		95] •
) 	Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Complete this part to provide the explanations required to columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable	y Part I, line 2b		95 [] r
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) 	Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Complete this part to provide the explanations required to columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable	y Part I, line 2b)S [] r
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SCHEDULE I (Form 990)	Grants an Governmen	and Oth ents, an	d Other Assistance to Organizations, ts, and Individuals in the United States	to Organizati n the United (ons, States		OMB No. 1545-0047	<u>ه</u>
Department of the Treasury Internal Revenue Service	Complete if the c	organizatior	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.	⁻ orm 990, Part IV, li 0.	ne 21 or 22.		Open to Public Inspection	<u></u>
anization HUDSON COMMUNITY	FOUNDATION				Employer ic 34 – 1 (Employer identification number 34-1935499		
Part I General Information on Grants and Assistance	id Assistance						-	[
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	• the amount of the g ance?	rants or ass	istance, the grantees'	eligibility for the grant	ts or assistance, an	ק	[;]	:
pe	ionitoring the use of	grant funds	in the United States.	•••••••••••••••••••			A Yes	Ŷ
Part I Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Dot II on the one recipient received more than \$5,000.	vectorient that records and the record of the rection of the recti	id Organi sceived m	Organizations in the United States. Complete if the organization answered "Yes" sived more than \$5,000. Check this box if no one recipient received more than \$5,0	ited States. Com theck this box if r	Iplete if the org	anization answ received more	ered "Yes" e than \$5,000.	[
1 (a) Name and address of organization		(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(a) Description of	(h) Dumoeo of oread	
or government		section if applicable	grant	cash assistance	(book, FMV, appraisal, other)	2	or assistance	
(1) ACTOR'S SUMMIT THEATER								
AKRON OH 44308	34-1878529	501-C3	5,750				Arts, Culture & Ed	Educ
PO BOX 28 CHAUTAUQUA NY 14722	 16-0758844	501-C3	7.500				Arts, Culture & Ed	Duba
(3) CHRIST CHURCH EPISCOPAL			~I					
JRORA ST							Support of Religion	Ä
HUDSON OH 44236	34-6000609	501-C3	6,000					
(4) CHALST COMMUNITI CHAPEL 750 W. STREETSBORD ST							ı	
HUDSON OH 44236	34-1339610	501-C3	11,050				Support of Religion	ц К
THE	WOR							
70 E LAKE STREET, SUITE 205 CHICAGO IL 60601	36-3605228	501-C3	270,000				Support of Religion	Ĕ
(6) DAMON RUNYON CANCER RESEARCH FDN								
ONE EXCHANGE PLAZA NEW YORK NY 10006	13-1933825	501-C3	20,000				Medical Research	
(7) FLORIDA HOSPITAL FLAGLER FDN								
60 MEMORIAL MEDICAL PKW PAIM COAST FT. 32164	59-221 9301	501 - C2					Community Develope	4
OMMUNITY FIRST			~					
515							Support of Education	цо
HUDSON OH 44236	20-5505327	501-C3	16,050					
(9) AKRON COMM FDN-HPSEF 345 w redar st							1	
AKRON OH 44307	34-1087615 501-C3	501-C3	6,000				Support of Education	E O
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	t organizations listed	in the line 1					▶ 13	
3 Enter total number of other organizations listed in the line 1 table	le 1 table							
For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	tor Form 990.						Schedule I (Form 990) (2011)	Ē

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	e to Organizati in the United S	ons, States		OMB No. 1545-0047
Department of the Treesury Department of the Treesury Fant IV, Hinle 21 OI 22. Attach to Form 990.	2 FOILII 330, FAILIV, III 990.	16 71 OL 77.		Upen to Public Inspection
Name of the organization HIIDSON COMMINTITY FOUNDATTON		Employer id 34–19	Employer identification number 34–1935499	
ion on Grants a) 		
e t	s' eligibility for the grant	s or assistance, an	ъ	
iecu ibe		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	S
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	inited States. Corr Check this box if r	plete if the organo one recipient	anization answ received more	ered "Yes" than \$5,000.
1 (a) Name and address of organization (b) EIN (c) IRC (d) Amount of cash or government or cash	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
он 44210 34-0737805 501-C3				Support of Education
N EVANGELISTIC FELLOWSHI TREET VA 24201 58-6065089	10			Support of Religion
(3) SUMMIT CTY SAFE KIDS COALITION ONE PERKINS SQUARE AKRON OH 44308 52-1627574 501-C3 13,500				Safety Education
(4) WESTERN RESERVE ACADEMY 115 COLLEGE ST HUDSON OH 44236 34-0714390 501-C3 15,500				Support of Education
(5) OTHERS UNDER \$5,000 123,536	50			Various
(9)				
(8)				
(6)				
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 				
Ó.	 . .<		1 7 7 7 7 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8	Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the I Part III can be duplicated if additional space is needed (a) Type of grant or assistance (a) Type of grant or assistance (b) Number of recipients	Other Assistance to Individuals in the Unit e duplicated if additional space is needed. (b) Number of recipients	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 (c) Amount of (d) Amount of (c) Amount of (d) Amount of (c) Amount of (d) Amount of (c) Amount of (e) Method of valuation (book, (f) Description of non-ccash grant	blete if the organizatic (d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	990, Part IV, Ilne 22. (f) Description of non-cash assistance
2					
5					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line	nplete this part to prov	ide the information r	equired in Part I, line	2, and any other additional information.	information.
Part IV - Additional Information All organizations are qualified by using Guidestar.org	lation fied by using	r Guidestar.o	rg and IRS		
Determination Letters.					
AAC AAC					Schedule I (Form 990) (2011)

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SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30. Attach to Form 990.

2011 Open To Public Inspection

Employer identification number

34-1935499

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

HUDSON COMMUNITY FOUNDATION Types of Property

Pa	Int Types of Property		W			
		(a)	(b)	(c)	(d)	
		Check if	Number of contributions or	Noncesh contribution amounts reported on	Method of determini	ıg
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution an	ounts
1	Art—Works of art				······································	
2	Art-Historical treasures					
3	Art—Fractional interests					· · · · · · · · · · · · · · · · · · ·
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes			· · · · · · · · · · · · · · · · · · ·		
8	Intellectual property					
9	Securities—Publicly traded	X	5	2,561,558		
10	Securities-Closely held stock		···			
11	SecuritiesPartnership, LLC,					
	or trust interests					
12	Securities—Miscellaneous					
13	Qualified conservation					
	contribution—Historic					
14	Qualified conservation					
46	contribution-Other					
15 16	Real estate—Residential Real estate—Commercial					
17						
18	Real estate—Other Collectibles					
19	Food inventory					· · · · · · · · · · · · · · · · · · ·
20	Drugs and medical supplies		· · · · · · · · · · · · · · · · · · ·			
21	Taxidermy					
22	Historical artifacts					······································
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►(CONSULTING SVCS)	X	1	22,500	MARKETING SVCS	RATES
26	Other ►()					
27	Other ►()					
28	_ Other ▶()					
29	Number of Forms 8283 received by t					
	which the organization completed Fo	orm 8283, I	Part IV, Donee Acknowie	edgement	29	
						Yes No
30a	During the year, did the organization					
	it must hold for at least three years fr			•		
	used for exempt purposes for the ent		period?		•••••••••••••••••••••••••••••••••••••••	30a X
b	If "Yes," describe the arrangement in					
31	Does the organization have a gift acc	•		•		
20-	contributions?		· · · · · · · · · · · · · · · · · · ·	11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31 X
32a	Does the organization hire or use this	•	-	· • · ·		
۲			• • • • • • • • • • • • • • • • • • • •			32a X
ь 33	If "Yes," describe in Part II. If the organization did not report an a	mount in a	olumn (e) for a time of a	roporty for which column 4	a) is chocked	
JJ JJ	describe in Part II.	intourit ifi (solumni (c) for a type of p	ioperty for which column (i	a) is checked,	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047 **2011** Open to Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

HUDSON COMMUNITY FOUNDATION

Employer identification numbe 34-1935499

Form 990, Part VI, Line 2 - Related Party Information Among Officers PHILIP TOBIN, PRESIDENT, AND GAIL TOBIN, SECRETARY-TREASURER ARE RELATED. MR. TOBIN IS MRS. TOBIN'S FATHER-IN-LAW.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 BEFORE SIGNING THE FORM 990, IT IS REVIEWED BY THE TREASURER, VICE PRESIDENT AND PRESIDENT. AFTER EACH INDIVIDUAL HAS HAD A CHANCE TO REVIEW THE RETURN FOR ACCURACY AND COMPLETENESS, IT IS SIGNED AND FILED WITH THE INTERNAL REVENUE SERVICE.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy EACH BOARD MEMBER IS GIVEN THE CONFLICT OF INTEREST POLICY ALONG WITH AN ACKNOWLEDGEMENT FORM. EACH BOARD MEMBER IS REQUIRED TO DISCLOSE, IN WRITING, ANY CONFLICTS OF INTEREST AND SIGN THE ACKNOWLEDGEMENT FORM. THIS PROCESS IS DONE ANNUALLY DURING THE FIRST BOARD MEETING OF THE CALENDAR YEAR. ANY CONFLICTS ARE VERBALLY DISCLOSED AND DISCUSSED BEFORE A VOTE. DURING THE YEAR, BOARD MEMBERS MUST VOTE ON GRANTS MAKE BY HUDSON COMMUNITY FOUNDATION AND ARE ASKED IF THERE ARE ANY CONFLICTS OF INTEREST BEFORE PUTTING THIS UP TO A VOTE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation HUDSON COMMUNITY FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S ANNUAL REPORTS ARE AVAILABLE ON ITS WEBSITE AT

WWW.HUDSONCOMMUNITYFOUNDATION.ORG. HUDSON COMMUNITY FOUNDATION IS ALSO

ame of the organization HUDSON COMMUNITY FOUNDATION	Employer identification number 34–1935499
REGISTERED WITH GUIDESTAR, WHO PUBLISHES	S THE FORM 990 WHEN IT BECOMES
AVAILABLE.	
Form 990, PART VIII, Line 8C	
THE TASTE OF HUDSON BROUGHT IN \$215,469	IN REVENUE AND INCURRED \$269.348 (
DIRECT EXPENSES, RESULTING IN A LOSS OF	
HAS BEEN PROPERLY CLASSIFIED AS DIRECT	
SPONSORSHIPS. IF THE \$85,350 OF REVENUE	
TASTE OF HUDSON ACTIVITY, IT WOULD HAVE	
PART VIII, STATEMENT OF REVENUE AND SCHI	EDULE G, PART II, FUNDRAISING EVENTS
Form 990, Schedule D, Part 1, Line 3:	
SCHEDULE D, PART 1, INCLUDES INFORMATION	N ON AGGREGATE CONTRIBUTIONS TO ANI
AGGREGATE GRANTS FROM DONOR ADVISED FUNI	DS. A PORTION OF THESE TOTALS
AGGREGATE GRANTS FROM DONOR ADVISED FUNI REPRESENT TRANSFERS FROM ONE DONOR ADVIS	
REPRESENT TRANSFERS FROM ONE DONOR ADVIS	
REPRESENT TRANSFERS FROM ONE DONOR ADVIS	SED FUND TO ANOTHER WITHIN HUDSON ON THE AGGREGATE GRANTS FROM DONOR
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REPRESENT TRANSFERS FROM ONE DONOR ADVIS COMMUNITY FOUNDATION. THIS IS THE REASO ADVISED FUNDS IS GREATER THAN THE GRANTS	SED FUND TO ANOTHER WITHIN HUDSON ON THE AGGREGATE GRANTS FROM DONOR
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REPRESENT TRANSFERS FROM ONE DONOR ADVIS COMMUNITY FOUNDATION. THIS IS THE REASO ADVISED FUNDS IS GREATER THAN THE GRANTS	SED FUND TO ANOTHER WITHIN HUDSON ON THE AGGREGATE GRANTS FROM DONOR

_	1562		Depreciation and Amortization					
Form 4562			(Including Information on Listed Property)					2011
	nent of the Treasury Revenue Service (99)		See separa	te instructions.	Attach	to your tax retu	rn.	Attachment Sequence No. 179
Name(s) shown on return HUDSON COMMUNITY FOUNDATIO					1	Identifying nur 34-193		
	s or activity to which this form							
Anna anna anna anna	direct Depr							
			se Certain Prop ny listed property			omplete Part	<u>I.</u>	
	Maximum amount (see						1	500,000
2	Total cost of section 1	79 property	placed in service (se	e instructions)			2	0 000 000
	Threshold cost of sect				structions)			2,000,000
	Reduction in limitation Dollar limitation for tax yea				od filina eoparatoly i	no instructions		
<u>5</u> 6		(a) Description			 Cost (business use or 		Elected cost	
<u> </u>		(,			1
-			·····					1
7	Listed property. Enter	the amount	from line 29			7]
8	Total elected cost of s	ection 179 p					8	
	Tentative deduction. E							
	Carryover of disallowe						10	
	Business income limit							
	Section 179 expense of						12	
	Carryover of disallowe				<u></u>	13		
	Do not use Part II or F		A 117		aistion (Do n	at include lists	d property)	(See instructions)
	Special depreciation a						<u>u property.</u>	
	during the tax year (se						14	
	Property subject to se			····				
	Other depreciation (inc			· · · · · · · · · · · · · · · · · · ·				
			ion (Do not inclu					J
				Section				
17	MACRS deductions fo	or assets plac	ced in service in tax y	ears beginning befo	ore 2011			12,137
18	If you are electing to group ar							
	Se		ssets Placed in Ser				eciation Syster	n
	(a) Classification of prop	perty	(b) Month and year placed in service	(c) Basis for depreciat (business/investment us only-see instruction	e pariad	(e) Convention	(f) Method	(g) Depreciation daduction
19a	3-year property							
b	5-year property							
C	7-year property				·			<u>.</u>
	10-year property							
	15-year property							
	20-year property				25 1000		S/L	
	25-year property Residential rental				25 yrs. 27.5 yrs.	MM		1
n	property				27.5 yrs. 27.5 yrs.	MM	S/L	
·	Nonresidential real				39 yrs.	MM		
	property				00 10.	MM	S/L	
		tion C-As	sets Placed in Serv	ice During 2011 Tax	Year Using the	Alternative Dep	reciation Syste	em
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
	40-year				40 yrs.	MM	S/L	
Pa	rt IV Summary	(See ins	tructions.)					
	Listed property. Enter						21	
	Total. Add amounts fr							
	and on the appropriate lines of your return. Partnerships and S corporations—see instructions							12,137
	For assets shown abo portion of the basis at	-	-	he current year, ente	er the	23		
	aperwork Reduction			ctions.				Form 4562 (2011)
DAA					There a	are no an	nounts f	or Page 2